

**State:** District of Columbia **First Filing Company:** Allied Property and Casualty Insurance Company, ...

**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability

**Product Name:** Commercial General Liability

**Project Name/Number:** 2020-CL-GL-Deductible Liability SLC Form - PCIO/GL-CEP-10242019-01-D

## Filing at a Glance

Companies: Allied Property and Casualty Insurance Company  
AMCO Insurance Company  
Depositors Insurance Company

Product Name: Commercial General Liability

State: District of Columbia

TOI: 17.0 Other Liability-Occ/Claims Made

Sub-TOI: 17.0001 Commercial General Liability

Filing Type: Form

Date Submitted: 12/16/2019

SERFF Tr Num: NWPP-132191553

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: GL-CEP-10242019-01-D

Effective Date: 06/01/2020

Requested (New):

Effective Date: 06/01/2020

Requested (Renewal):

Author(s): Andrea Roberts

Reviewer(s):

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

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## General Information

Project Name: 2020-CL-GL-Deductible Liability SLC Form - PCIO Status of Filing in Domicile:

Project Number: GL-CEP-10242019-01-D Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/16/2019

State Status Changed: Deemer Date:

Created By: Andrea Roberts Submitted By: Andrea Roberts

Corresponding Filing Tracking Number:

### Filing Description:

Please find enclosed for your review and approval the following revision applicable to our Commercial General Liability Program.

We are requesting approval of the following endorsement:

•GLM 059 06 19 Deductible Liability Insurance - This new independent endorsement is optional and provides a deductible that applies to general liability and professional liability coverages to those insureds requesting this option.

We propose implementation of this filing effective 6/1/2020.

## Company and Contact

### Filing Contact Information

Andrea Roberts, Sr. Filings Analyst roberta8@nationwide.com  
995 Yard St. 614-435-5320 [Phone]  
GW-1M-GERS  
Grandview Heights, OH 43212

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**Filing Company Information**

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Allied Property and Casualty Insurance Company	CoCode: 42579	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Property & Casualty
Des Moines, IA 50391-1100	Group Name: Nationwide Insurance	State ID Number:
(614) 435-2792 ext. [Phone]	FEIN Number: 42-1201931	

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AMCO Insurance Company	CoCode: 19100	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Property & Casualty
Des Moines, IA 50391-1100	Group Name: Nationwide Insurance	State ID Number:
(614) 435-2792 ext. [Phone]	FEIN Number: 42-6054959	

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Depositors Insurance Company	CoCode: 42587	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Property & Casualty
Des Moines, IA 50391-1100	Group Name: Nationwide Insurance	State ID Number:
(614) 435-2792 ext. [Phone]	FEIN Number: 42-1207150	

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**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	Allied Property and Casualty Insurance Company, ...
<b>TOI/Sub-TOI:</b>	17.0 Other Liability-Occ/Claims Made/17.0001 Commercial General Liability		
<b>Product Name:</b>	Commercial General Liability		
<b>Project Name/Number:</b>	2020-CL-GL-Deductible Liability SLC Form - PCIO/GL-CEP-10242019-01-D		

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Deductible Liability Insurance	GLM 059	0619	END	New			GLM059-0619-00.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DEDUCTIBLE LIABILITY INSURANCE**

This endorsement modifies insurance provided under the following:  
 COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
 PROFESSIONAL LIABILITY COVERAGE ENDORSEMENT

<b>Coverage</b>	<b>SCHEDULE</b>	
	<b>Amount and Basis of Deductible</b>	
Bodily Injury Liability and/or Property Damage Liability Combined	\$	Per Occurrence
Professional Liability:	\$	Per Claim

**A. Deductible Applicable to the Commercial General Liability Coverage Form**

Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amount stated in the Schedule above as applicable to such coverages.

The Per Occurrence deductible amount stated in the Schedule above applies to all damages because of:

1. "Bodily Injury";
2. "Property damage"; or
3. "Bodily injury" and "property damage" combined;

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

**B. Deductible Applicable to the Professional Liability Coverage Endorsement**

Our obligation under the Professional Liability Coverage Endorsement to pay damages on your behalf applies only to the amount of damages in

excess of the deductible amount stated in the Schedule above as applicable to such coverage. The Per Claim deductible amount shown in the Schedule above applies to all damages as the result of any "medical incident", regardless of the number of persons or organizations who sustain damages because of that "medical incident".

**C. Additional Provisions**

The terms of this insurance, including those with respect to:

1. Our right and duty to defend the insured against any "suits" seeking those damages; and
2. Your duties in the event of an "occurrence", "medical incident", offense, claim or "suit" apply irrespective of the existence of a liability deductible or the application of the deductible amount.

**D. Settlement and Reimbursement**

We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

**All terms and conditions of this policy apply unless modified by this endorsement.**

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Deductible Liability Filing Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

## **Commercial General Liability Form Memorandum**

Please find enclosed for your review and approval the following revisions submitted for the above listed companies' Commercial General Liability Program.

We are requesting approval of the following endorsements:

- GLM 059 06 19 Deductible Liability Insurance. The new independent endorsement is optional and provides a deductible that applies to general liability and professional liability coverages to those insureds requesting this option.

To facilitate the approval of this filing, we have included the following supporting exhibits:

- GLM 059 06 19 Deductible Liability Insurance

We propose implementation of this filing effective 6/1/2020